

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 3C900 | 02-05-01 |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

- ✓ Rejected
- = Allowed
- (Through numeral) Canceled
- ⋮ Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

| Claim | | Date | |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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